

**Political Organization
Report of Contributions and Expenditures**

OMB No 1545-1696

► See Separate instructions.

A For the period beginning **April 1**, 20 **12** and ending **June 30**, 20 **12**

B Check applicable boxes ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization **Lead Iowa** **Employer identification number** **27-2751523**

2 Mailing address (P O Box or number, street, and room or suite number)
3906 Monterey Drive
City or town, state, and ZIP code
Waterloo, IA 50701

3 E-mail address of organization **leadiowa@gmail.com** **4** Date organization was formed **6/1/2010**

5a Name of custodian of records **Ryan Ball** **5b** Custodian's address
3906 Monterey Drive
Waterloo, IA 50701

6a Name of contact person **Kelli Todd** **6b** Contact person's address
PO Box 701
Des Moines, IA 50303

7 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number
City or town, state, and ZIP code

8 Type of report (check only one box)

a <input type="checkbox"/> First quarterly report (due by April 15)	f <input type="checkbox"/> Monthly report for the month of _____ (due by the 20th day following the month shown above, except the December report, which is due by January 31)
b <input checked="" type="checkbox"/> Second quarterly report (due by July 15)	g <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election)
c <input type="checkbox"/> Third quarterly report (due by October 15)	(1) Type of election _____
d <input type="checkbox"/> Year-end report (due by January 31)	(2) Date of election: _____
e <input type="checkbox"/> Mid-year report (Non-election year only-due by July 31)	(3) For the state of: _____
	h <input type="checkbox"/> Post-general election report (due by the 30th day after general election)
	(1) Date of election: _____
	(2) For the state of: _____

9 Total amount of reported contributions (total from all attached Schedules A).	9	00.00
10 Total amount of reported expenditures (total from all attached Schedules B).	10	25.00

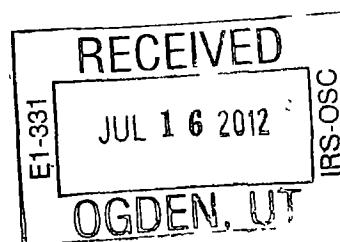
Sign Here Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of authorized official *[Signature]* Date **7/12/12**

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 30406G

Form **8872** (11-2002)



Schedule A Itemized Contributions		Schedule A page 2 of 3
Name of organization Lead Iowa		Employer identification number 27-2751523
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code 6	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Subtotal of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872 ▶		\$ 2750.00

Schedule B Itemized Expenditures		Schedule B page 3 of 3
Name of organization Lead Iowa		Employer identification number 27-2751523
Recipient's name, mailing address and ZIP code Sheakley PaySystems 1501 Ingersoll Ave Ste 101 Des Moines, IA 50309	Name of recipient's employer	Amount of expenditure \$ 25.00
	Recipient's occupation Tax services	Date of expenditure 6/6/2012
Purpose of expenditure Professional services		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872		\$ 25.00

